

Provider Communication

Subject: Pharmacy Labeler Changes	Priority: High
Date: November 11, 2004	Message ID: ACSBNR11112004_1

Dear Provider:

Please be advised that for the labeler identified below, the following will become non-rebateable and hence, non-covered according to CMS effective November 15, 2004.

- Injectable devices/syringes containing heparin

Insulin syringes will continue to be covered in the outpatient pharmacy program. This communication does not apply to insulin syringes.

The following NDC's are no longer covered by Medicaid:

N.D.C.	LABEL NAME	FORMULARY INFO
64054100003	HEPARIN	LOCK FLU FORM DRUG
64054100103	HEPARIN	LOCK FLU FORM DRUG
64054100202	HEPARIN	LOCK FLU FORM DRUG
64054100203	HEPARIN	LOCK FLU FORM DRUG
64054100206	HEPARIN	LOCK FLU FORM DRUG
64054100301	HEPARIN	LOCK FLU FORM DRUG
64054100302	HEPARIN	LOCK FLU FORM DRUG
64054100306	HEPARIN	LOCK FLU FORM DRUG
64054100402	HEPARIN	LOCK FLU FORM DRUG
64054100406	HEPARIN	LOCK FLU FORM DRUG
64054100502	HEPARIN	LOCK FLU FORM DRUG
64054100506	HEPARIN	LOCK FLU FORM DRUG
64054100902	HEPARIN	LOCK FLU FORM DRUG
64054101002	HEPARIN	LOCK FLU FORM DRUG
64054300003	HEPARIN	FLUSH 10 FORM DRUG
64054300103	HEPARIN	FLUSH 10 FORM DRUG
64054300202	HEPARIN	FLUSH 10 FORM DRUG
64054300203	HEPARIN	FLUSH 10 FORM DRUG
64054300206	HEPARIN	FLUSH 10 FORM DRUG

N.D.C.	LABEL NAME	FORMULARY INFO
64054300301	HEPARIN	FLUSH 10 FORM DRUG
64054300302	HEPARIN	FLUSH 10 FORM DRUG
64054300306	HEPARIN	FLUSH 10 FORM DRUG
64054300402	HEPARIN	FLUSH 10 FORM DRUG
64054300406	HEPARIN	FLUSH 10 FORM DRUG
64054300502	HEPARIN	FLUSH 10 FORM DRUG
64054300506	HEPARIN	FLUSH 10 FORM DRUG
64054300902	HEPARIN	FLUSH 10 FORM DRUG
64054301002	HEPARIN	FLUSH 10 FORM DRUG

DESI Drug No Longer Covered Under Georgia Medicaid Effective 11-5-04

663460111 - Accuhist DM Pediatric Syrup by Pediamed Pharmaceuticals, Inc. (LABELER 66346)

Terminated Labelers

Effective Date

MEDEFIL, INC

11/01/2004

(LABELER CODE 64253)

TYCO HEALTHCARE GROUP – KENDALL DIVISION

11/01/2004

(LABELER CODE 17474)

New Labelers

Effective Date

AFFORDABLE PHARMACEUTICALS, LLC

01/01/2005

(LABELER CODE 10572)

ISTA PHARMACEUTICALS

01/01/2005

(LABELER CODE 17474)

OSCIENT PHARMACEUTICALS CORPORATION

01/01/2005

(LABELER CODE 67707)

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. If you have additional questions or concerns regarding this notification, please contact Etta Hawkins or Pat Zeigler-Jeter at (404) 656-4044.

Sincerely,

Georgia Department of Community Health

Division of Medical Assistance